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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

2011Open to Public
Inspection**A** For the 2011 calendar year, or tax year beginning **JUL 1, 2011** and ending **JUN 30, 2012****B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization**SMART START OF FORSYTH COUNTY**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

7820 NORTH POINT BLVD.

Room/suite

200

City or town, state or country, and ZIP + 4

WINSTON-SALEM, NC 27106**F** Name and address of principal officer: **LAWRENCE D. VELLANI**
SAME AS C ABOVE**D** Employer identification number**56-1899564****E** Telephone number**336.725.6011****G** Gross receipts \$ **7,425,886.****H(a)** Is this a group returnfor affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.SMARTSTART-FC.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1994** **M** State of legal domicile: **NC****Part I Summary**SCANNED FEB 20 2013
Activities & Governance
Revenue
Expenses
Net Assets or Fund Balances**1** Briefly describe the organization's mission or most significant activities: **TO PREPARE ALL YOUNG CHILDREN FOR SCHOOL AND LIFE-LONG SUCCESS THROUGH COMMUNITY PARTNERSHIPS.****2** Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets**3** Number of voting members of the governing body (Part VI, line 1a)**3** **23****4** Number of independent voting members of the governing body (Part VI, line 1b)**4** **22****5** Total number of individuals employed in calendar year 2011 (Part V, line 2a)**5** **18****6** Total number of volunteers (estimate if necessary)**6** **200****7a** Total unrelated business revenue from Part VIII, column (C), line 12**7a** **0.****b** Net unrelated business taxable income from Form 990-T, line 34**7b** **0.****8** Contributions and grants (Part VIII, line 1h)

Prior Year

8,925,447.

Current Year

7,412,259.**9** Program service revenue (Part VIII, line 2g)**3,712.****3,348.****10** Investment income (Part VIII, column (A), lines 3, 4, and 7d)**3,502.****1,873.****11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)**18,712.****8,406.****12** Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)**8,951,373.****7,425,886.****13** Grants and similar amounts paid (Part IX, column (A), lines 1-3)**7,135,918.****6,073,577.****14** Benefits paid to or for members (Part IX, column (A), line 4)**0.****0.****15** Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)**1,302,463.****1,016,256.****16a** Professional fundraising fees (Part IX, column (A), line 11e)**0.****0.****b** Total fundraising expenses (Part IX, column (D), line 25)**0.****17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-124e)**644,477.****416,072.****18** Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)**9,082,858.****7,505,905.****19** Revenue less expenses. Subtract line 18 from line 12**<131,485.>****<80,019.>****20** Total assets (Part X, line 16)

Beginning of Current Year

231,948.

End of Year

159,644.**21** Total liabilities (Part X, line 26)**4,620.****12,335.****22** Net assets or fund balances. Subtract line 21 from line 20**227,328.****147,309.****Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here ▶ Signature of officer

Date

LAWRENCE D. VELLANI, EXECUTIVE DIRECTOR

Type or print name and title

Paid Print/Type preparer's name**JANE R POTTER****Preparer** Firm's name ▶ **BUTLER & BURKE, L.L.P.****Use Only** Firm's address ▶ **100 CLUB OAKS COURT, SUITE A**
WINSTON-SALEM, NC 27104

Preparer's signature

Jane R Potter

Date

1/24/13Check if self-employed ☐

PTIN

P01057495Firm's EIN ▶ **56-1138530**Phone no. **(336) 768-2310**

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

G110 7

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

☒ **X**

1 Briefly describe the organization's mission:

THE ORGANIZATION HAS DEVELOPED A LONG-RANGE PLAN OF SERVICES TO PROVIDE BENEFITS TO PARENTS AND THEIR CHILDREN BIRTH TO PRE-K AND WORKS WITH THE STATE OF NORTH CAROLINA TO IDENTIFY AGENCIES TO RECEIVE THE FUNDS TO ACHIEVE THE GOALS. OUR VISION IS THAT ALL YOUNG CHILDREN

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code) (Expenses \$ **2,999,314.** including grants of \$ **2,871,744.**) (Revenue \$ **0.**)

THE NC PRE-KINDERGARTEN PROGRAM IS A HIGH QUALITY PRE-K PROGRAM THAT SERVES CHILDREN WHO ARE AT RISK AND PREPARES THEM FOR SUCCESS IN SCHOOL. PRE-KINDERGARTEN IS A RESEARCH PROVEN STRATEGY FOR SCHOOL READINESS. THIS PROGRAM SERVED OVER 700 CHILDREN IN PUBLIC ELEMENTARY SCHOOLS, HEADSTART PROGRAMS, AND BOTH NON-PROFIT AND FOR-PROFIT CHILD CARE CENTERS.

4b (Code) (Expenses \$ **1,825,676.** including grants of \$ **1,825,676.**) (Revenue \$ **0.**)

CHILD CARE SUBSIDIES PROVIDE CHILD CARE ASSISTANCE TO QUALIFYING FAMILIES LIVING OR WORKING IN FORSYTH COUNTY (NC) WHO INCUR CHILD CARE COSTS IN LICENSED AND/OR REGISTERED FACILITIES. OVER 400 CHILDREN RECEIVED SUBSIDIES FOR CHILD CARE IN 3, 4 OR 5 STAR EARLY CHILDHOOD PROGRAMS.

4c (Code) (Expenses \$ **885,085.** including grants of \$ **274,570.**) (Revenue \$ **3,348.**)

SMART START OF FORSYTH COUNTY TECHNICAL ASSISTANCE SERVICES PROVIDE CLASSROOM AND MANAGEMENT CONSULTATION, CURRICULUM ENHANCEMENT MATERIALS, RESOURCES, ACTIVITIES, AND PROFESSIONAL DEVELOPMENT OPPORTUNITIES INCLUDING WORKSHOPS. QUALITY IMPROVEMENT SERVED APPROXIMATELY 20 ELIGIBLE TEMPORARY 1, 2, 3 STAR AND FAITH-BASED CENTERS IN FORSYTH COUNTY ENHANCING CLASSROOM QUALITY THROUGH TECHNICAL ASSISTANCE AND ENVIRONMENT RATING SCALES ASSESSMENTS. TECHNICAL ASSISTANCE SERVICES INCLUDE A QUALITY MAINTENANCE COMPONENT WHICH OFFERS CASH AWARDS TO ELIGIBLE 4 AND 5 STAR CENTERS AND HOMES IN FORSYTH COUNTY.

4d Other program services (Describe in Schedule O.)

(Expenses \$ **1,413,773.** including grants of \$ **1,101,587.**) (Revenue \$)

4e Total program service expenses ► **7,123,848.**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>		X
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and II</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38 X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 97		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 18		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter.			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

☒**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	23	
b Enter the number of voting members included in line 1a, above, who are independent	22	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders?	6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NC**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☒ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **KENT GRAHAM - 336.714.4341**
7820 NORTH POINT BLVD. STE 200, WINSTON-SALEM, NC 27106-3299

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MANITA BROADDUS DIRECTOR	1.00	X						0.	0.	0.
(2) TONY BURTON DIRECTOR	1.00	X						0.	0.	0.
(3) JANIE COSTELLO DIRECTOR	1.00	X						0.	0.	0.
(4) ED EKLUND DIRECTOR	1.00	X						0.	0.	0.
(5) MATT FAIRCLOTH DIRECTOR	1.00	X						0.	0.	0.
(6) SANDRA FISHEL-BOOTH SECRETARY	2.00	X		X				0.	0.	0.
(7) BRENT GREENE DIRECTOR	1.00	X						0.	0.	0.
(8) KATURA JACKSON DIRECTOR	1.00	X						0.	0.	0.
(9) CAROL KIRBY DIRECTOR	1.00	X						0.	0.	0.
(10) MICHAEL LAWLESS DIRECTOR	1.00	X						0.	0.	0.
(11) PATRICIA LUNA DIRECTOR	1.00	X						0.	0.	0.
(12) SHAWN MARTIN DIRECTOR	1.00	X						0.	0.	0.
(13) MARY MCAFEE DIRECTOR	1.00	X						0.	0.	0.
(14) KEMONA MCCARTER DIRECTOR	1.00	X						0.	0.	0.
(15) THERESA PAUCA DIRECTOR	1.00	X						0.	0.	0.
(16) DOUGLAS PUNGER DIRECTOR	1.00	X						0.	0.	0.
(17) MONICA RIVERS DIRECTOR	1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MARK TUCKER CHAIR	2.00	X		X				0.	0.	0.
(19) CLAUDIA WARREN DIRECTOR	1.00	X						0.	0.	0.
(20) GLENDA WELCH DIRECTOR	1.00	X						0.	0.	0.
(21) ELLEN WENNER DIRECTOR	1.00	X						0.	0.	0.
(22) EVERETTE WITHERSPOON DIRECTOR	1.00	X						0.	0.	0.
(23) DAMON SANDERS-PRATT ASST. TREASURER	2.00	X		X				0.	0.	0.
(24) LARRY VELLANI EXECUTIVE DIRECTOR 5/16/12-6/30/12	40.00			X				0.	0.	0.
(25) CHUCK KRAFT EXECUTIVE DIRECTOR 7/1/11-12/31/11	40.00			X				87,867.	0.	13,961.
(26) APRIL BROADWAY EXECUTIVE DIRECTOR 1/1/12-5/15/12	40.00							0.	0.	0.
1b Sub-total								87,867.	0.	13,961.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								87,867.	0.	13,961.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4		X
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	7398246.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	14,013.				
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f			7412259.			
	Program Service Revenue	2 a PROVIDER SERVICE FEES	Business Code 900099		3,348.	3,348.	
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f				3,348.			
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)			1,873.		
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real (ii) Personal					
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other					
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
	b Less: direct expenses	b					
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
11 a REFUND OF SALES TAX	900099		8,406.			8,406.	
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			8,406.				
12 Total revenue. See instructions.			7425886.	3,348.	0.	10,279.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	6,043,191.	6,043,191.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	30,386.	30,386.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	74,427.		74,427.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	746,078.	588,768.	157,310.	
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	42,770.	33,451.	9,319.	
9 Other employee benefits	94,883.	73,645.	21,238.	
10 Payroll taxes	58,098.	45,905.	12,193.	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	2,297.		2,297.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	5,946.	4,545.	1,401.	
13 Office expenses	92,566.	66,633.	25,933.	
14 Information technology				
15 Royalties				
16 Occupancy	139,504.	108,984.	30,520.	
17 Travel	17,572.	15,332.	2,240.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	15,473.	7,675.	7,798.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	4,279.		4,279.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CONTRACTED SERVICES	80,715.	69,308.	11,407.	
b CAPITAL OUTLAY	35,926.	30,235.	5,691.	
c SALES AND USE TAXES	10,243.		10,243.	
d EMPLOYEE TRAINING	6,628.	2,885.	3,743.	
e All other expenses	4,923.	2,905.	2,018.	
25 Total functional expenses. Add lines 1 through 24e	7,505,905.	7,123,848.	382,057.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	231,948.	1	159,644.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	231,948.	16	159,644.	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	4,620.	25	12,335.
	26 Total liabilities. Add lines 17 through 25	4,620.	26	12,335.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	216,807.	27	132,202.
	28 Temporarily restricted net assets	10,521.	28	15,107.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	227,328.	33	147,309.	
34 Total liabilities and net assets/fund balances	231,948.	34	159,644.	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,425,886.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,505,905.
3	Revenue less expenses Subtract line 2 from line 1	3	<80,019.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	227,328.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	147,309.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☒

- 1** Accounting method used to prepare the Form 990: ☒ Cash ☐ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? **2a** ☐ **X**
- b** Were the organization's financial statements audited by an independent accountant? **2b** ☒
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? **2c** ☒
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? **3a** ☐ **X**
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. **3b**

Form 990 (2011)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

SMART START OF FORSYTH COUNTY

Employer identification number

56-1899564

Part I	Reason for Public Charity Status (All organizations must complete this part.) See instructions.
---------------	--

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box _____

g ☐ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____

(ii) A family member of a person described in (i) above? _____

(iii) A 35% controlled entity of a person described in (i) or (ii) above? _____

h ☐ Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	8,997,830.	9,558,635.	9,356,886.	8,925,447.	7,412,259.	44,251,057.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	8,997,830.	9,558,635.	9,356,886.	8,925,447.	7,412,259.	44,251,057.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						44,251,057.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	8,997,830.	9,558,635.	9,356,886.	8,925,447.	7,412,259.	44,251,057.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	16,496.	1,491.	4,611.	3,502.	1,873.	27,973.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	19,848.	20,547.	6,819.	18,712.	8,406.	74,332.
11 Total support. Add lines 7 through 10						44,353,362.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	99.77 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	99.68 %
16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► ☒		
b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐		
17a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► ☐		
b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► ☐		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization

SMART START OF FORSYTH COUNTY

Employer identification number

56-1899564

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	☐ Yes	☐ No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	☐ Yes	☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)	☐ Preservation of an historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ► \$

(ii) Assets included in Form 990, Part X ► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items

(check all that apply):

a ☐ Public exhibitiond ☐ Loan or exchange programsb ☐ Scholarly researche ☐ Other _____c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes☐ No**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10

1a Beginning of year balance

b Contributions

c Net investment earnings, gains, and losses

d Grants or scholarships

e Other expenditures for facilities and programs

f Administrative expenses

g End of year balance

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a					
1b					
1c					
1d					
1e					
1f					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ▶ _____ %

b Permanent endowment ▶ _____ %

c Temporarily restricted endowment ▶ _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by.

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

0.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total (Col (b) must equal Form 990, Part X, col (B) line 12.) ►		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total (Col (b) must equal Form 990, Part X, col (B) line 13.) ►		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ►	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) REVERSIONS TO NC PARTNERSHIP FOR	
(3) CHILDREN	12,335.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ►	

12,335.

FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	7,425,886.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	7,505,905.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	<80,019.>
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	<80,019.>

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	7,425,886.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	7,425,886.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	7,425,886.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	7,505,905.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	7,505,905.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	7,505,905.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2: THE FORSYTH PARTNERSHIP DOES NOT BELIEVE THERE ARE ANY

UNRECOGNIZED TAX BENEFITS OR COSTS AS OF JUNE 30, 2012.

OMB No 1545-0047
2011

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

SMART START OF FORSYTH COUNTY

Employer identification number
56-1899564

☒ Yes ☐ No

Part II	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any
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recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed							☐
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A BETTER WORLD 1715 BREWER ROAD WINSTON-SALEM, NC 27127	56-2119319		25,223.	0.			CC SUBSIDIES
A CHILD'S WORLD 1290 HARTMON DRIVE WINSTON-SALEM, NC 27127	56-1784661		183,603.	0.			CC SUBSIDIES, OM
BETHLEHEM COMM CENTER 520 N. CLEVELAND AVENUE WINSTON-SALEM, NC	56-0543242	501(C)(3)	271,067.	16,335.	ACTUAL COST	NEW CLASS MATERIALS	CC SUBSIDIES, NCPK
CENTENARY CHILD CARE CENTER 646 W. 5TH STREET WINSTON-SALEM, NC 27101	56-0552783	501(C)(3)	10,161.	0.			CC SUBSIDIES
CHILDREN'S CHOICE LEARNING CENTER 200 LOCKLAND AVENUE WINSTON-SALEM, NC 27103	62-1734015		42,146.	0.			CC SUBSIDIES, OM
CHURCH CHILD CARE 400 POINDEXTER STREET WALKERTOWN, NC	04-3793052		203,212.	15,125.	ACTUAL COST	NEW CLASS MATERIALS	CC SUBS, OM, NCPK

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Enter total number of other organizations listed in the line 1 table

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2011)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLEMMONS MORAVIAN 3560 SPANGENBURG AVENUE WINSTON-SALEM, NC	56-1722489	501(C)(3)	6,590.	0.			QM
COUNTRY CLUB LEARNING CENTER 3842 COUNTRY CLUB ROAD WINSTON-SALEM, NC	56-2032837		5,391.	0.			CC SUBSIDIES
EPIPHANY EARLY CHILDHOOD CENTER 5200 SILAS CREEK PARKWAY WINSTON-SALEM, NC 27105	56-1029743	501(C)(3)	6,830.	0.			QM
EXCHANGE SCAN 500 W. NORTHWEST BLVD WINSTON-SALEM, NC 27105	58-1443692	501(C)(3)	48,914.	0.			FAMILY SUPPORT
FAMILY SERVICES 1200 S. BROAD STREET WINSTON-SALEM, NC 27101	56-0689235	501(C)(3)	216,394.	0.			NCPK
FIRST BAPTIST CHILDREN'S CENTER 501 W. FIFTH STREET WINSTON-SALEM, NC 27101	56-0599227	501(C)(3)	24,832.	0.			CC SUBSIDIES
FORSYTH TECHNICAL COMMUNITY COLLEGE - 2100 SILAS CREEK PARKWAY - WINSTON-SALEM, NC 27103	56-0792614	501(C)(3)	122,056.	0.			PROFESSIONAL DEVELOPMENT
GENERATIONS CHILD CARE PO BOX 133 PFAFFTOWN, NC 27040	56-2053461		11,496.	0.			CC SUBSIDIES, QM
MAXX KINDER KARE 2411 WAUGHTOWN STREET WINSTON-SALEM, NC 27107	23-7290160		128,026.	0.			CC SUBS, QM, NCPK

Schedule I (Form 990)

Part II	Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
HIGHER LEARNING 3011 S. STRATFORD ROAD WINSTON-SALEM, NC 27103	56-2113874		8,194.	0.			CC SUBSIDIES	
MINERAL SPRINGS BAPTIST CHURCH 3733 OGBURN AVENUE WINSTON-SALEM, NC 27105	56-0615194	501(C)(3)	7,211.	0.			CC SUBSIDIES, OM	
IMPRINTS 502 N. BROAD STREET WINSTON-SALEM, NC 27101	56-0949178	501(C)(3)	393,742.	0.			FAMILY SUPPORT	
KJ'S KIDDELAND 1715 BREWER ROAD WINSTON-SALEM, NC 27127	56-1768762		22,192.	0.			CC SUBSIDIES	
LA PETITE ACADEMY 2011 BETHABARA ROAD WINSTON-SALEM, NC 27106	43-1243221		245,008.	0.			CC SUBS, OM, NCPK	
SUGAR AND SPICE CHILD ENRICHMENT 1414 UNION CROSS ROAD KERNERSVILLE, NC 27284	56-2255244		57,118.	0.			CC SUBSIDIES, OM	
NEW HORIZON'S CHILD CARE 6395 CEPHIS DRIVE CLEMMONS, NC 27012	56-1901505		116,991.	9,075.	ACTUAL COST	NEW CLASS MATERIALS	CC SUBS, OM, NCPK	
QUALITY EDUCATION 5012-C LANSING ROAD WINSTON-SALEM, NC 27101	56-2017872		135,903.	0.			CC SUBS, OM, NCPK	
SALEM COLLEGE 9 E. ACADEMY STREET WINSTON-SALEM, NC 27101	56-0530005	501(C)(3)	10,733.	0.			SCHOLARSHIPS	

Part II	Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)						
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. ANNE'S DAY CARE 2690 FAIRLAWN DRIVE WINSTON-SALEM, NC 27106	56-1047834	501(C)(3)	6,668.	0.			CC SUBSIDIES, OM
THE SUNSHINE HOUSE 600 E. POLO STREET WINSTON-SALEM, NC 27106	57-1000178		108,251.	0.			CC SUBSIDIES, OM
WAUGHTOWN KIDS R US 1330 WAUGHTOWN STREET WINSTON-SALEM, NC 27107	56-1902571		108,011.	0.			CC SUBSIDIES
WINSTON-SALEM FORSYTH COUNTY SCHOOLS - PO BOX 2513 - WINSTON-SALEM, NC 27102	56-0795164	501(C)(3)	1,593,372.	0.			NCPK, FIRST STEPS
WINSTON-SALEM STATE UNIVERSITY PO BOX 19292 WINSTON-SALEM, NC 27110	56-6001466	501(C)(3)	26,840.	0.			SCHOLARSHIPS
WORK FAMILY RESOURCE CENTER 313 INDERA MILLS COURT WINSTON-SALEM, NC 27101	56-1755762	501(C)(3)	334,300.	0.			OM, EARLY INTERVENTION
CHILD CARE NETWORK 1501-D 13TH STREET KERNERSVILLE, NC 27284	63-0986576		288,986.	0.			CC SUBS, OM, NCPK
CHILDTIME LEARNING CENTER 2101 W. CLEMMONSVILLE RD WINSTON-SALEM, NC 27127	36-2616190		36,803.	0.			CC SUBSIDIES
LITTLE RED SCHOOLHOUSE 2842 OLD GREENSBORO ROAD WINSTON-SALEM, NC 27101	56-1902571		9,297.	0.			CC SUBSIDIES, OM

Schedule I (Form 990)

Part II	Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)						
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH POINT ACADEMY 4950 INDIANA AVENUE WINSTON-SALEM, NC 27105	47-0899238		25,162.	0.			CC SUBSIDIES
BUCHANAN HEADSTART 2555 BUCHANAN STREET WINSTON-SALEM, NC 27101	56-0689235	501(C)(3)	13,705.	0.			CC SUBSIDIES, QM
CENTERS FOR EXCEPTIONAL CHILDREN 2315 COLISEUM DRIVE WINSTON-SALEM, NC 27106	56-0615188	501(C)(3)	144,002.	0.			CC SUBSIDIES, QM
IMMANUEL BAPTIST DC 1505 LEWISVILLE-CLEMMONS ROAD CLEMMONS, NC 27012	56-0992009	501(C)(3)	19,779.	0.			CC SUBSIDIES, QM
SARAH AUSTIN HEADSTART 2050 BIG HOUSE GAINES BLVD WINSTON-SALEM, NC 27101	56-0689235	501(C)(3)	35,754.	0.			CC SUBSIDIES, QM
THE POTTER'S HOUSE 1035 HUTTON STREET WINSTON-SALEM, NC 27103	11-3778761		24,576.	0.			CC SUBSIDIES
BECK'S BAPTIST CC 5505 BECK'S CHURCH ROAD WINSTON-SALEM, NC	56-0657299	501(C)(3)	13,009.	0.			CC SUBSIDIES, QM
BUNDLES OF LOVE 4005 SNYDER DRIVE WINSTON-SALEM, NC 27127	42-1695124		10,945.	0.			CC SUBSIDIES
BUNNY STOP CHILD CARE 4009 OLD VINEYARD ROAD WINSTON-SALEM, NC 27104	26-3556278		44,754.	0.			CC SUBSIDIES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARVER EDUCATIONAL & DEVELOPMENT CENTER - 3111 CARVER SCHOOL ROAD - WINSTON-SALEM, NC	56-2118640		31,286.	0.			CC SUBSIDIES
CHERRY TREE HOUSE 3508 N. CHERRY STREET WINSTON-SALEM, NC 27105	56-2271678		11,092.	0.			CC SUBSIDIES
CUDDLING CUTIES 429 DEVONSHIRE STREET WINSTON-SALEM, NC 27127	80-0322789		5,920.	0.			CC SUBSIDIES, QM
EDUCATING ANGELS 5909 GERMANTON ROAD WINSTON-SALEM, NC 27105	23-8194812		9,631.	0.			CC SUBSIDIES
FIRST BAPTIST CHILD DEV CENTER 401 OAKHURST STREET KERNERSVILLE, NC	56-0708156	501(C)(3)	20,491.	0.			QM
FIRST STEP PRESCHOOL 1305 PLEASANT FORK CHURCH ROAD WINSTON-SALEM, NC	74-3133873		24,337.	636.	ACTUAL COST	CLASSROOM SUPPLIES	CC SUBSIDIES
GEEZ HOME DAY CARE 950 E. CLEMMONSVILLE ROAD WINSTON-SALEM, NC	26-4293201		6,637.	0.			CC SUBSIDIES
GLOZ KIDZ 3021 TERESA AVENUE WINSTON-SALEM, NC	20-4958678		5,572.	0.			CC SUBSIDIES, QM
KELLY'S LEARNING CENTER 1000 EAST 4TH STREET WINSTON-SALEM, NC 27101	56-2248374		9,366.	0.			CC SUBSIDIES

Schedule I (Form 990)

Part II	Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)						
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GULLICK'S LEARNING ROOM 4250 VIKING DRIVE WINSTON-SALEM, NC 27105	80-0342387		10,573.	0.			CC SUBSIDIES, QM
IT TAKES A VILLAGE 3711 SAWYER DRIVE WINSTON-SALEM, NC 27105	56-2226083		5,524.	0.			CC SUBSIDIES
LOLLIPOP STOP CHILD DEV. CENTER 160 NOEL DRIVE WINSTON-SALEM, NC 13684	20-3696881		13,684.	0.			CC SUBSIDIES
MISS D'S DAY CARE HOME 1375 REYNOLDS FOREST DRIVE WINSTON-SALEM, NC	23-0628626		11,289.	0.			CC SUBSIDIES, QM
NONA'S DAY CARE 3219 TRACY STREET WINSTON-SALEM, NC 27105	56-1896906		5,492.	0.			CC SUBSIDIES
NORTHWEST CHILD DEVELOPMENT 530 SPRING STREET WINSTON-SALEM, NC 27101	56-0994730	501(C)(3)	383,798.	24,805.	ACTUAL COST	NEW CLASS MATERIALS	CC SUBS, QM, NCPK
OAK SUMMIT LEARNING 230 OAK SUMMIT ROAD WINSTON-SALEM, NC 27105	20-3895184		18,254.	0.			CC SUBSIDIES
PLAYTIME DAYCARE & ELC 5890 SULLIVANTOWN ROAD WALKERTOWN, NC	24-2905526		8,109.	0.			CC SUBSIDIES, QM
PRIMROSE SCHOOL OF KERNERSVILLE 1009 MASTEN DRIVE KERNERSVILLE, NC	56-1960415	501(C)(3)	7,680.	0.			CC SUBSIDIES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							(h) Purpose of grant or assistance
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	
S&S DAYCARE 4795 N. CHERRY STREET WINSTON-SALEM, NC 27105	56-2100719		8,963.	0.			CC SUBSIDIES, QM
SANDBOX ACADEMY 5016 OLD WALKERTOWN ROAD WINSTON-SALEM, NC	63-1285278		7,773.	0.			CC SUBSIDIES
SHARPE KIDZ 108 DAVIS STREET KERNERSVILLE, NC 27284	56-2019505		22,230.	0.			CC SUBSIDIES, QM
THE LEARNING ACADEMY 2832 S. MAIN STREET WINSTON-SALEM, NC 27127	56-2108650		7,035.	0.			CC SUBSIDIES
TONYA'S TINY TOTS 950 HAZELWOOD DRIVE WINSTON-SALEM, NC 27103	20-0940585		31,517.	0.			CC SUBSIDIES, QM
UNIQUE CHILD CARE 3811 WHITFIELD RD WINSTON-SALEM, NC 27105	01-0588759		8,939.	0.			CC SUBSIDIES
UNIQUE WONDERS CHILD CARE 114 OAK SUMMIT RD WINSTON-SALEM, NC 27105	26-2548112		6,202.	0.			CC SUBSIDIES, QM
WSSU FAMILY SERVICES P O BOX 19292 WINSTON-SALEM, NC 27110	56-6001466	501(C)(3)	7,923.	0.			CC SUBSIDIES, QM
HOLY CROSS CHILD DEVELOPMENT CENTER - 616 SOUTH CHERRY STREET - KERNERSVILLE, NC	56-1280841	501(C)(3)	14,760.	0.			CC SUBSIDIES, QM

Schedule I (Form 990)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
GRANTS TO INDIVIDUALS	32	30,386.	0.		

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: SMART START OF FORSYTH COUNTY IS RESPONSIBLE FOR MONITORING ITS FUNDED PROGRAMS TO ENSURE ACCOUNTABILITY OF FUNDS AND COMPLIANCE WITH CONTRACT REQUIREMENTS. BOTH THE SSFC AND MORE AT FOUR PROGRAMS ARE MONITORED ANNUALLY. SSFC MONITORS SMART START AND MORE AT FOUR FUNDED PROGRAMS BY REVIEWING PROGRAM AND FISCAL REPORTING THROUGHOUT THE YEAR. MONITORING SITE VISITS INCLUDE A REVIEW OF COMPLIANCE WITH CONTRACT ACTIVITY DESCRIPTION, DOCUMENTATION OF EVALUATION, COMPLIANCE WITH GRANTS MANAGEMENT, FINANCIAL STATUS REPORTS, CASH RECEIPTS, CASH DISBURSEMENTS, COMPETITIVE BIDDING, CASH AND IN-KIND CONTRIBUTIONS AND

Part IV Supplemental Information

PROPERTY AND EQUIPMENT. BASED ON THIS REVIEW AND COMPLETION OF MONITORING, A REPORT IS COMPLETED AND PROVIDED TO THE FUNDED AGENCY. FOLLOW-UP, TECHNICAL ASSISTANCE AND DEVELOPMENT OF A CORRECTIVE ACTION PLAN WILL OCCUR IF NECESSARY. PURPOSE OF GRANT ASSISTANCE: PROFESSIONAL DEVELOPMENT - PROGRAMS THAT SUPPORT PROFESSIONAL DEVELOPMENT FOR CHILD CARE PROVIDERS EMPHASIZING EARLY CHILDHOOD DEGREE PROGRAMS; CC SUBSIDIES - CHILD CARE SUBSIDIES PROVIDED TO QUALIFYING FAMILIES LIVING OR WORKING IN FORSYTH COUNTY, NC WITH COSTS INCURRED FOR CHILD CARE IN LICENSED AND/OR REGISTERED FACILITIES; QM - GRANTS TO SUPPORT QUALITY MAINTENANCE ACTIVITIES AND SUPPORT A CONTINUUM OF PROFESSIONAL DEVELOPMENT COSTS IN FORSYTH COUNTY; MAF - MORE AT FOUR PROVIDES CLASSROOM SLOTS FOR UP TO 700 CHILDREN IN SCHOOLS AND CENTERS IN FORSYTH COUNTY; 1ST STEPS - A COLLABORATIVE PLANNING/ASSESSMENT PROGRAM FOR KINDERGARTEN READINESS; FAMILY SUPPORT INCLUDES PROGRAMS SERVING PARENTS BY ENHANCING PARENT SKILLS AND PARENT EDUCATION.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

SMART START OF FORSYTH COUNTY

Employer identification number

56-1899564

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

IN FORSYTH COUNTY ARE PROVIDED WITH EFFECTIVE RESOURCES TO SUCCEED NOT
ONLY IN SCHOOL BUT ALSO IN LIFE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAM SERVICE EXPENSES INCLUDE:

- EXPENSES FOR FAMILY SUPPORT TO PROVIDE ONGOING PARENTING EDUCATION,
GENERAL FAMILY SUPPORT, PARENTS AS TEACHERS, COMMUNITY OUTREACH,
INFORMATION AND RESOURCES.

- EXPENSES FOR HEALTH PROGRAMS THAT PROVIDE EARLY HEALTH, INTERVENTION
AND REFERRAL SERVICES AND SUPPORT, EARLY INTERVENTION FOR CHILDREN WITH
SPECIAL NEEDS, NUTRITION EDUCATION.

- PROGRAM COORDINATION AND EVALUATION SERVICES THAT ARE INCURRED TO
COORDINATE POLICIES, PROCEDURES AND DAILY PRACTICES OF SERVICE DELIVERY
AND TO ENSURE SERVICE DELIVERY IS ADHERING TO SPECIFIC TERMS AND
CONDITIONS OF CONTRACTS.

EXPENSES \$ 1,413,773. INCLUDING GRANTS OF \$ 1,101,587. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE FORM 990, PREPARED BY
STAFF AND REVIEWED BY AN INDEPENDENT CPA FIRM, IS PROVIDED TO THE FINANCE
COMMITTEE FOR REVIEW; THEN IT IS FORWARDED ELECTRONICALLY AND/OR IN HARD
COPY FORMAT TO SSFC'S BOARD PRIOR TO SUBMISSION TO THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: SMART START OF FORSYTH COUNTY HAS
A WRITTEN CONFLICT OF INTEREST POLICY AND PROCEDURE MANUAL THAT HAS BEEN
APPROVED BY THE BOARD OF DIRECTORS. THIS POLICY IS REVIEWED DURING THE

Name of the organization	SMART START OF FORSYTH COUNTY	Employer identification number	56-1899564
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BOARD ORIENTATION PROCESS. A BOARD DISCLOSURE STATEMENT IS REQUIRED TO BE COMPLETED ANNUALLY IN WHICH BOARD MEMBERS DISCLOSE IF THEY HAVE ANY RELATIONSHIPS WITH ANY SSFC VENDORS, CONTRACTORS AND/OR SERVICE PROVIDERS. ALL CONFLICTS ARE RECORDED AND SHARED WITH THE BOARD AND RECORDED IN MEETING MINUTES.

FORM 990, PART VI, SECTION B, LINE 15A: COMPENSATION SCALES ARE COMPILED BY A BOARD APPROVED INDEPENDENT CONTRACTOR THAT SPECIALIZES IN HUMAN RESOURCES. AFTER COMPENSATION SCALES ARE COMPILED, THEY ARE FORWARDED TO THE BOARD FOR APPROVAL. THE BOARD THEN ADOPTS THE COMPENSATION PLAN AND INCORPORATES IT INTO COMPENSATION PAY GRADES. THE COMPENSATION PAY GRADES ARE PROVIDED TO THE FULL BOARD AND STAFF AND ARE USED WHEN POSTING ANY POSITIONS AVAILABLE AT SSFC.

FORM 990, PART VI, SECTION C, LINE 19: SSFC'S FINANCIAL STATEMENTS ARE AUDITED EVERY TWO YEARS BY THE STATE OF NORTH CAROLINA OR AN INDEPENDENT AUDIT FIRM CONTRACTED WITH THE STATE OF NORTH CAROLINA. THESE AUDITED FINANCIAL STATEMENTS ARE FOR PUBLIC VIEW ON THE NC STATE AUDITOR'S WEBSITE. COPIES ARE KEPT AT SSFC AND ARE GIVEN OUT UPON REQUEST. AUDIT RESULTS ARE FORWARDED TO SSFC'S BOARD, ALONG WITH INDEPENDENT AUDITS. SSFC IS MONITORED EVERY TWO YEARS (OPPOSITE OF AUDIT YEARS) BY THE NC PARTNERSHIP FOR CHILDREN, OUR MAJOR FUNDER. RESULTS OF THESE MONITORING VISITS ARE SHARED WITH THE BOARD AND STAFF. SSFC MAINTAINS A WEBSITE THAT PROVIDES OUR CONTACT INFORMATION ALONG WITH A STAFF DIRECTORY. SSFC IS EASILY ACCESSIBLE BY PHONE OR THROUGH THE INTERNET. IN ADDITION, SSFC PROVIDES AN ANNUAL REPORT AND POSTS IT ON ITS WEBSITE: WWW.SMARTSTART-FC.ORG.

FORM 990, PART XII, LINE 2C:

Name of the organization

SMART START OF FORSYTH COUNTY

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56-1899564

THE ORGANIZATION'S OVERSIGHT/SELECTION PROCESS HAS NOT CHANGED IN THE
PAST YEAR.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

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2011

Open to Public
Inspection

Name of the organization

SMART START OF FORSYTH COUNTY

Employer identification number
56-1899564

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
THE NORTH CAROLINA PARTNERSHIP FOR CHILDREN 1100 WAKE FOREST ROAD RALEIGH, NC 27604	PUBLIC/PRIVATE INITIATIVE THAT PROVIDES EDUCATION FUNDS TO ALL NC COUNTIES.	NORTH CAROLINA	501(C)(3)	170(B) N/A			X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2011

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

[illegible]

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

[illegible]

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?**a** Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity**b** Gift, grant, or capital contribution to related organization(s)**c** Gift, grant, or capital contribution from related organization(s)**d** Loans or loan guarantees to or for related organization(s)**e** Loans or loan guarantees by related organization(s)**f** Sale of assets to related organization(s)**g** Purchase of assets from related organization(s)**h** Exchange of assets with related organization(s)**i** Lease of facilities, equipment, or other assets to related organization(s)**j** Lease of facilities, equipment, or other assets from related organization(s)**k** Performance of services or membership or fundraising solicitations for related organization(s)**l** Performance of services or membership or fundraising solicitations by related organization(s)**m** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)**n** Sharing of paid employees with related organization(s)**o** Reimbursement paid to related organization(s) for expenses**p** Reimbursement paid by related organization(s) for expenses**q** Other transfer of cash or property to related organization(s)**r** Other transfer of cash or property from related organization(s)**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VII	Supplemental Information
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Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.